| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |   |   |                                    |  |              |  |            |                     | Application or Docket Number |                             |                     |                  |          |
|--|---|---|------------------------------------|--|--------------|--|------------|---------------------|------------------------------|-----------------------------|---------------------|------------------|----------|
|  |   | CLAIMS A                                  | AS FILED -  <br>(Column            |  |              | (Column 2)                             |            | SMALL ENT           |                              | OR                          | OTHER THAN          |                  |          |
| U.S. NATIONAL STAGE FEES   |   |   | <u> </u>                           |  |              |  | ] .        | RATE                | FEE                          | 1                           | RATE                | F                | EE.      |
| BAS  | SIC FEE   |   | SMALL ENT.                         | = \$ 150   | LAR          | GE ENT. = \$ 300                       | 1          | BASIC FEE           |                              | OR                          | BASIC FEE           | 30               | <u> </u> |
| EXA  | MINATION FE   | £E  | Satisfies PCT Art<br>(4) = \$ 50 / | /\$ 100  | \$           | ther situations =<br>\$ 100 / \$ 200   | 1          | EXAM. FEE           |                              |                             | EXAM. FEE           | 20               |          |
| SEARCH FEE   |   |   | ALL other cour                     | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |              | All other situations = \$ 250 / \$ 500 |            | SEARCH FEE          |                              |                             | SEARCH FEE          | 50               |          |
| FEE  | FOR EXTRA S   | SPEC. PGS.                                | minu                               | minus 100 =  |              | / 50 ≐                                 |            | X \$ 125 =          |                              |                             | X \$ 250 =          |                  | <br>I .  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 8 min                              | 8 minus 20 =   |              | *                                      |            | X \$ 25 =           |                              | OR                          | X \$ 50 =           |                  |          |
| INDEPENDENT CLAIMS   |   |   | ⊋ mi                               | minus 3 =  |              |  |            | X \$ 100 =          |                              | OR                          | X \$ 200 =          |                  | <u> </u> |
| MUL  | TIPLE DEPEN   | IDENT CLAIM PRE                           | SENT                               |  |              |  |            | + \$ 180 =          |                              | OR                          | + \$ 360 =          |                  |          |
| * If the difference in column 1 is less than zero, enter "0"   |   |   |                                    |  |              | olumn 2                                | • •        | TOTAL               |                              | OR                          | TOTAL               |                  |          |
| TA.  | (Column 1)  CLAIMS  CLAIMS  REMAINING  AFTER  AMENDMENT |   | AMENDED                            | (Colum<br>HIGHE<br>NUME<br>PREVIO<br>PAIDE                           |              | (Column 3) EST ER PRESENT USLY EXTRA   |            | SMALL E             | ADDI-<br>TIONAL<br>FEE       | OTHER<br>OR SMALL E<br>RATE |                     |                  |          |
| AMENDMENT  | Total   | *   | Minus ,                            | **   |              | =                                      |            | X \$ 25 =           |                              | OR                          | X \$ 50 =           |                  |          |
| AME  | Independent   | *   | Minus                              | ***  |              | =                                      |            | X \$ 100 =          | -                            | OR                          | X \$ 200 =          |                  |          |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM          |   |                                    |  |              |  | + \$ 180 = |                     | OR                           | + \$ 360 =                  | -                   |                  |          |
| ,  |   |   |                                    |  | v            | ·                                      | 1.         | TOTAL ADDIT.<br>FEE |                              | OR                          | TOTAL ADDIT.<br>FEE |                  |          |
|  |   | (Column 1)                                |                                    | (Colum   |              | (Column 3)                             | . ,        |                     |                              |                             |                     |                  |          |
| NT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHE<br>NUME<br>PREVIO<br>PAID F                                    | BER<br>DUSLY | PRESENT<br>EXTRA                       |            | RATE                | ADDI-<br>TIONAL<br>FEE       | :                           | RATE                | AD<br>TIOI<br>FE | NAL      |
| AMENDMENT  | Total   | *   | Minus                              | **   |              | =                                      |            | X \$ 25 =           |                              | OR                          | X \$ 50 =           |                  |          |
| AME  | Independent   | *   | Minus                              | ***  |              | =                                      | ŀ          | X \$ 100 =          |                              | OR                          | X \$ 200 =          |                  |          |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM          |   |                                    |  |              |  |            | + \$ 180 =          |                              | OR                          | + \$ 360 =          |                  |          |
| TOTAL ADDIT.<br>FEE  |   |   |                                    |  |              |  |            |                     |                              | OR                          | TOTAL ADDIT.<br>FEE |                  |          |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |   |   |                                    |  |              |  |            |                     |                              |                             |                     |                  |          |